Civil Service Commission State of Illinois 425½ South Fourth Street Springfield, Illinois 62701

## Written Request for Hearing\*

|   | Date:  |                      |             |
|---|--|----------------------|-------------|
| I hereby request a hearing in my own de   | efense to the c                                  | charges filed agai   | nst me by   |
| the Department of                         |  | , officially approv  | ed by the   |
| Director of Central Management Service    | es of the State                                  | e of Illinois, on th | ne          |
| day of, 20, such he                       | earing to be he                                  | eld within 30 days   | s following |
| the filing of this request in your office | pursuant to                                      | 20 ILCS 415/11       | 1. These    |
| approved charges resulted in my: (check   | one)   |                      |             |
| ☐ Discharge                               |  |                      |             |
| Suspension for a period of more t         | han 30 days ir                                   | n any 12-month p     | eriod       |
| □ Demotion                                |  |                      |             |
|   |  |                      |             |
|   | Employee Signature  Employee Name (please print) |                      |             |
|   |  |                      |             |
|   | Address  |                      |             |
|   | City   | State                | Zip Code    |
|   | Telephone  |                      |             |

<sup>\*</sup> Must be filed with the Commission within 15 days after the service of the written charges.